

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 241
Registered No. _____

1. PLACE OF BIRTH

County Graham State _____
District or Township _____ or Village _____
City Klondyke No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Noralea Haby { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>Twin</u>	5. No., in order of birth <u>1</u>	6. Legitimate? <u>YES</u>	7. Date of birth <u>April 20 1930</u> Month Day Year
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8. FATHER

Full name Merrel Jacob Haby

9. Residence
(Usual place of abode) Klondyke

If non-resident, give place and state.

10. Color or race
white

11. Age at last birthday 31 (Years) white

12. Birthplace (city or place) Texas
(State or country)

13. Occupation Rancher
Nature of industry

14. MOTHER

Full maiden name Margarete Audrey Duffy

15. Residence
(Usual place of abode) Klondyke

If non-resident, give place and state.

16. Color or race

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Arizona
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living	<u>0</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

21. Were precautions taken against oph-
thalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature J. B. Wilson

Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address Willcox

588-420-1148
Registrar

Filed May 8, 1930

J. B. Wilson
Registrar